

- Text shown as “<text>” is always printed. This text represents variable data.
- Text shown as “[text]” is optionally printed. This text is optional depending on the italicized notations.
- Text shown as “{text}” is never printed. This text is informational only.



P.O. Box 66773
St. Louis, MO 63166-6773

<date>

<member name>

<member street address>

<member city state zip>

E-mail address: <member email address>

Sponsor Name: <sponsor name>

ID: <id>

Explanation of Benefits (EOB)

THIS IS NOT A BILL. Keep this notice for your records.

This Explanation of Benefits (EOB) is provided so that you may review the services/supplies shown on the following pages. The EOB does not include prescriptions filled at Military Treatment Facilities and includes only those claims which were filled in the previous calendar month.

Per the TRICARE policy, medications used to treat certain conditions may not be included in the EOB. For additional information about these exclusions, please contact Express Scripts at 1-877-363-1303. If you find that TRICARE has paid for any services you did not receive or you were charged a fee by a healthcare professional you did not see, please call the Express Scripts Fraud and Abuse Hotline at 1-866-759-6139.

TRICARE covers the flu and pneumonia vaccines at no cost to you through participating retail pharmacies. Call 1-877-363-1303 or consult <http://www.express-scripts.com/TRICARE/> for further information today!

If you have general questions regarding the information contained in this document, please contact Express Scripts at 1-877-363-1303. If your address is incorrect, you may update the address by visiting <https://www.dmdc.osd.mil/mydodbenefits/> or by sending a written request to the following address:

Defense Manpower Data Center Support Office
Attn: COA
400 Gigling Road
Seaside, CA 93955-6771

Breaking News

Get Your Prescriptions for Free!

Copays for Home Delivery formulary generic drugs go to zero on Oct. 1. Switch your regular prescription medications to Home Delivery and start saving! Copays at retail pharmacies and for Home Delivery name brand drugs are also changing on Oct. 1. Visit www.tricare.mil/pharmacycosts for more on the new copays. To sign up for Home Delivery, call 1-866-274-0891 or visit www.express-scripts.com/TRICARE.

Go Green! Do Your Part to Save Nearly 49,500 lbs. of Paper Each Month

Get your EOB online, and together we can eliminate 2.2 million paper EOBs each month. If you would like to receive your EOBs online instead of in the mail, please go to www.express-scripts.com/TRICARE and set up your account to receive your EOB online today.

GO GREEN



Take advantage of the Express Scripts Pharmacy ... Everywhere You Go! Scan this code with your smartphone to learn more!

Summary of Prescriptions Filled from <from date> through <through date>

Customer No.: 999-99-9999

Member Name: Doe, John A

Date Dispensed	Pharmacy Name	Script Number	Days Supply	Mail / Retail	Brand / Generic	Submitted Amt	TRICARE Allowed Amt	Beneficiary Paid	TRICARE Paid	Other Health Insurance Paid	Applied Deductible Amount	Applied Toward Cat Cap
	Pharmacy Location	Drug Name	Qty of Drug	Dosage Form	Formulary / Non-Form							
09/28/2008	WALGREENS #02284	1795274	30	Retail*	Brand	132.67	\$142.48	\$0.00	\$142.48	\$0.00	\$0.00	\$0.00
	COCOA BEACH, FL	Fluvirin	30.000	Inj ²	Form							
Adjustment								- \$6.00	\$6.00			
09/27/2008	EXPRESS SCRIPTS MAIL ORDER	161832	90	Mail	Generic			\$3.00			\$0.00	\$3.00
	SAINT LOUIS, MO	FUROSEMIDE 20 MG TABLET	90.000	Tablet	Form							
09/26/2008	WALGREENS #02284	161856	30	Retail*	Generic	\$9.00	\$8.60	\$3.00	\$5.60	\$0.00	\$0.00	\$3.00
	COCOA BEACH, FL	COMPOUND HYDROCORTISONE 2.5% CREAM	30.000	Cream (Grams)	Form							
Total						\$141.67	\$151.08	\$0.00	\$154.08	\$0.00	\$0.00	\$6.00

Customer No.: 333-33-3333

Member Name: Doe, Dependent 1

Date Dispensed	Pharmacy Name	Script Number	Days Supply	Mail / Retail	Brand / Generic	Submitted Amt	TRICARE Allowed Amt	Beneficiary Paid	TRICARE Paid ¹	Other Health Insurance Paid	Applied Deductible Amount	Applied Toward Cat Cap
	Pharmacy Location	Drug Name	Qty of Drug	Dosage Form	Formulary / Non-Form							
09/05/2008	WALGREENS #02284	177444	30	Retail*	Generic	\$20.00	\$15.00	\$0.00	\$2.00	\$12.00	\$12.00	\$14.00
	COCOA BEACH, FL	CYCLOBENZAPRINE HCL	30.000	Capsule	Non-Form**							
Total						\$20.00	\$15.00	\$0.00	\$2.00	\$12.00	\$12.00	\$14.00

NOTE: Submitted amount is what your pharmacy submitted for a cost of the medication and is not necessarily the amount they will be paid. (Retail claims only) {Always print}

NOTE: TRICARE Allowed Amount is a calculation of what TRICARE would pay as primary payor. The beneficiary's copay is included in the TRICARE Allowed Amount. (Retail claims only) {Always print}

¹The amount remaining after the Other Health Insurance Payment equals the TRICARE Paid plus Beneficiary Paid. This amount will not exceed the TRICARE allowed amount. [print when OHI Paid is greater than zero]

²For injectable vaccine medications administered at the pharmacy, the submitted amount only reflects vaccine drug costs and does not include a professional service fee for vaccine administration. The professional service fee is included in the TRICARE allowed amount and TRICARE paid amount. [print when Dosage form equals INJ]

*You can use Home Delivery from the TRICARE Mail Order Pharmacy for this medication and receive up to a 90-day supply at once for the same copayment as a 30-day supply from a retail pharmacy. Shipping is free and the medications are conveniently delivered right to your home eliminating unnecessary trips to the pharmacy. To convert your retail prescriptions to Home Delivery, call 1-866-274-0891 OR visit www.express-scripts.com/TRICARE, and we will convert your eligible prescriptions to Home Delivery for you. [print when retail/non-specialty claims are included]

**You are currently paying more than you need to for a non-formulary medication when there are lower-cost, equally effective prescription drugs available that will reduce your out-of-pocket expense. You can review your prescription-drug alternatives by using the formulary search tool at www.express-scripts.com/TRICARE. Be sure to discuss your prescription options with your doctor to determine if one of these lower-cost medications can work for you. [print when non-formulary claims are included]

***You can use Home Delivery from the TRICARE Mail Order Pharmacy for this medication and get up to a 90-day supply for the same copayment as a 30-day supply from your current pharmacy, a significant cost-share savings. Like other plan members, you will also benefit from free clinical support to assist you with the special aspects associated with this medication and your medical condition. Shipping is free and the medications are conveniently delivered right to your home. Visit www.express-scripts.com/TRICARE and we will convert this medication to Home Delivery for you. [print when retail/specialty claims are included]